



PTO/SB/21 (05-03)

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3624

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/348,529
		Filing Date	July 7, 1999
		First Named Inventor	Alan SLATER, et al.
		Art Unit	3624
		Examiner Name	Felten, D. S.
Total Number of Pages in This Submission		Attorney Docket Number	CITI0109-US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group. (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	George T. Maron Reg. No. 33,014
Signature	
Date	8/4/03

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AUG 06 2003

GROUP 3600

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name		
Signature		Date

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FEE TRANSMITTAL for FY 2003

AUG 04 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)
930

Complete If Known

Application Number 09/348,529

Filing Date July 7, 1999

First Named Inventor Alan SLATER, et al.

Examiner Name FELTEN, D. S.

Art Unit 3624

Attorney Docket No. CITI0109-US

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

Deposit Account:

Deposit
Account
Number

501458

Deposit
Account
Name

KILPATRICK STOCKTON LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES

Total Claims	-20 **	=	0	X	Fee from below	Fee Paid
Independent Claims	-3 **	=	0	X		0
Multiple Dependent				X		0

Large Entity	Small Entity
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 0)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity
Fee Code	Fee (\$)
1051	130
1052	50
1053	130
1812	2,520
1804	920*
1805	1,840*
1251	110
1252	410
1253	930
1254	1,450
1255	1,970
1401	320
1402	320
1403	280
1451	1,510
1452	110
1453	1,300
1501	1,300
1502	470
1503	630
1460	130
1807	50
1806	180
8021	40
1809	750
1810	750
1801	750
1802	900
Other fee (specify) _____	

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 930)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	George J. Marcus	Registration No. Attorney/Agent)	33,014	Telephone	202 508 5800
Signature				Date	8/4/03

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